

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2008 045972

2008 JUN 24 PM 1:21

MICHAEL A. BROWN
RECORDER



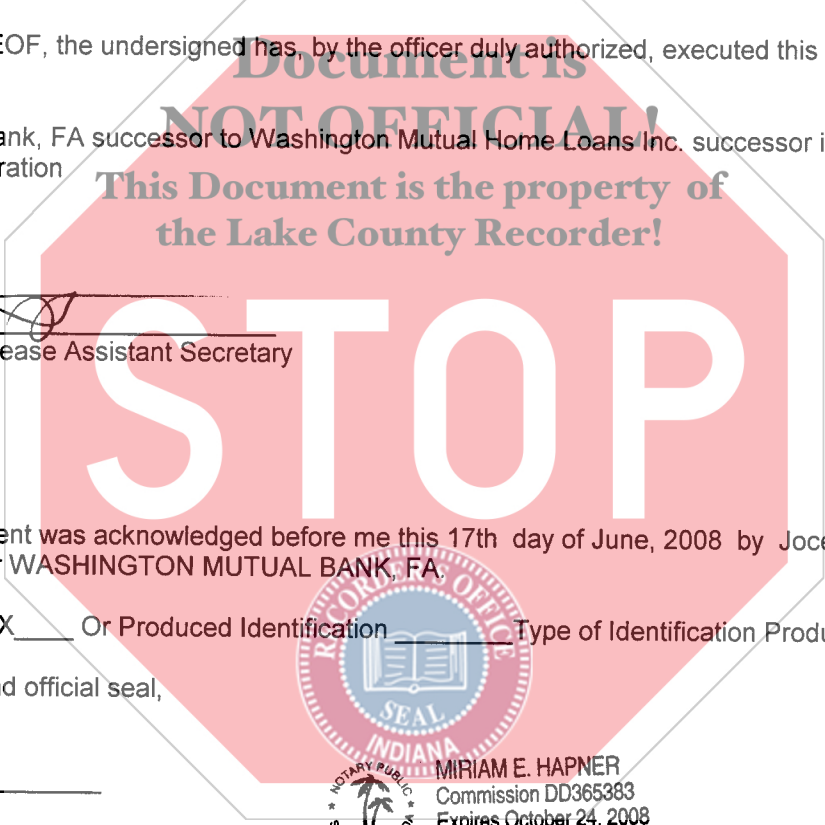
Satisfaction of Mortgage

WASHINGTON MUTUAL - CLIENT 150 #:8013216422 "CRAWFORD" Lender ID:F11/387/1669574144 Lake, Indiana PIF: 06/02/2008
KNOW ALL MEN BY THESE PRESENTS that Washington Mutual Bank, FA successor to Washington Mutual Home Loans Inc. successor in interest by merger to Fleet Mortgage Corporation, holder of a certain Mortgage to secure the amount of \$25,000.00 whose parties, dates and recording information are below, does hereby acknowledge that it has received full payment and satisfaction of the same, and in consideration thereof, does hereby cancel and discharge said Mortgage.

Original Mortgagor: RALPH W CRAWFORD AND LORRAINE M CRAWFORD
Original Mortgagee: SOURCE ONE MORTGAGE SERVICES CORPORATION
Dated: 11/25/1998 Recorded: 12/09/1998 in Book/Reel/Liber: N/A Page/Folio: N/A as Instrument No.: 98098275, In the offices of the County Recorder of Lake County, in the State of Indiana
Property Address: 26W 71ST PL, MERRILLVILLE, IN 46410

IN WITNESS WHEREOF, the undersigned has, by the officer duly authorized, executed this document.

Washington Mutual Bank, FA successor to Washington Mutual Home Loans Inc. successor in interest by merger to Fleet Mortgage Corporation
On June 17th, 2008



By: [Signature]
Jocelyn Tate, Lien Release Assistant Secretary

STATE OF Florida
COUNTY OF Duval

The foregoing instrument was acknowledged before me this 17th day of June, 2008 by Jocelyn Tate as Lien Release Assistant Secretary for WASHINGTON MUTUAL BANK, FA.

Personally Known Or Produced Identification _____ Type of Identification Produced.

WITNESS my hand and official seal,

[Signature]
Notary Expires: / /

MIRIAM E. HAPNER
Commission DD365383
Expires October 24, 2008
Bonded Thru Troy Fain Insurance 800-385-7019

(This area for notarial seal)

This instrument was prepared by: Suzana Mulahmetovic, WASHINGTON MUTUAL BANK, FA , PO BOX 45179, JACKSONVILLE, FL 32232-5179 1-866-926-8937

I affirm, under the penalties for perjury, that I have taken reasonable care to redact each Social Security number in this document, unless required by law. Suzana Mulahmetovic.

When Recorded Return To:

→ WASHINGTON MUTUAL PO BOX 45179, JACKSONVILLE, FL 32232-5179

✓ # 810335381

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183